

Dear Requestor:

Samuel H. Foreman 10/21/05

We are unable to process your request at this time for the following reason. Please provide us with the appropriate information and your request will be processed accordingly.

\_\_\_\_\_ A thorough search of our files has failed to reveal any record of this patient having been treated at Hamot Medical Center. Please check for correct spelling, date of birth, and Social Security Number.

\_\_\_\_\_ Important information is missing. Please supply the following information so we may check further:

- \_\_\_\_\_ Date of birth and/or Social Security Number
- \_\_\_\_\_ Proper spelling of name/maiden name (please print legibly)
- \_\_\_\_\_ Date of service/type of treatment
- \_\_\_\_\_ Other

\_\_\_\_\_ The patient was not seen at Hamot Medical Center.

\_\_\_\_\_ The patient was not seen at Hamot Medical Center on the specified dates. Please resubmit the request with the proper dates of service and type of treatment.

\_\_\_\_\_ The request is missing an authorizing signature. Please include the appropriate signature with the current date following it.

\_\_\_\_\_ The authorization is not dated. Please have the patient or his/her legal representative mark the current date after their signature.

\_\_\_\_\_ The authorization we received has expired. An authorization signed and dated by the patient or his/her legal representative within the past ninety (90) days is required.

\_\_\_\_\_ Due to the patient being over eighteen (18) years of age, the patient must sign his/her own release.

\_\_\_\_\_ A special authorization is required. Please complete and return the enclosed request.

\_\_\_\_\_ The authorization is dated before the dates of treatment. Please send a request that is signed and dated after the date of treatment.

\_\_\_\_\_ Proof of legal guardianship, Power of Attorney is required.

\_\_\_\_\_ A copy of the Will or Short Certificate naming \_\_\_\_\_ as executor/executrix of the estate is needed.

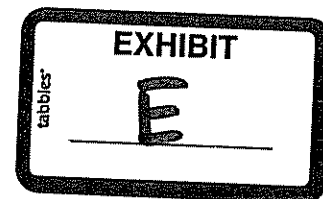
\_\_\_\_\_ An original signed authorization is required.

✓ Other On Subpoena we need signature of court official or court seal! Attest

SourceCorp HealthSERVE  
Hamot Medical Center

Kindly return this form with request to  
Hamot Medical Center  
Attention: Medical Records  
201 State Street  
Erie, PA 16550

that writer  
notice was sent  
to patient!



\*\*\*\*\*PLEASE NOTE THAT WE ARE RETURNING YOUR ORIGINAL REQUEST WITH THIS LETTER. YOUR ORIGINAL REQUEST SHOULD BE RETURNED WITH THE REQUESTED INFORMATION CHECK ABOVE IF YOU ARE STILL IN NEED OF THESE RECORDS\*\*\*\*\*